

10/15/27

Application or Docket Number

MEMC TP-01-2930 (309)

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	22	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	22 minus 20 = *	2
INDEPENDENT CLAIMS	15 minus 3 = *	12
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9 =		OR X\$18 =	30
X42 =		OR X84 =	84
+140 =		OR +280 =	
TOTAL		OR TOTAL	870

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 22	Minus	** 22 = <input checked="" type="checkbox"/>
Independent	* 4	Minus	*** 4	= <input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY
OTHER THAN
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9 =		OR X\$18 =	
X42 =		OR X84 =	<input checked="" type="checkbox"/>
+140 =		OR +280 =	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

1/20/21/22

5/10/05

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 22	Minus	** 22 = <input checked="" type="checkbox"/>
Independent	* 4	Minus	*** 4	= <input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9 =		OR X\$18 =	
X42 =		OR X84 =	<input checked="" type="checkbox"/>
+140 =		OR +280 =	<input checked="" type="checkbox"/>
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

1/20/21/22

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 22	Minus	** 22 = <input checked="" type="checkbox"/>
Independent	* 4	Minus	*** 4	= <input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9 =		OR X\$18 =	
X42 =		OR X84 =	
+140 =		OR +280 =	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.